



FAQ'S REGARDING RETROSPECTIVE MEDICAL RECORD REVIEW AND MEDICONNECT GLOBAL

Question: **Who is MediConnect?**

Answer: MediConnect is a leading document management company, located in South Jordan, Utah, that provides medical record retrieval services for health and life insurance companies and law firms. In addition, MediConnect provides other medical record management and coding services as part of its record retrieval services.

Question: **What services is MediConnect performing on behalf of WellPoint?**

Answer: MediConnect is assisting WellPoint in retrieving Medicare Advantage member medical records from physicians throughout the WellPoint regions and from a select number of hospitals. Like last year, CV Infosys, another WellPoint vendor, will be retrieving record summaries from all other hospitals.

Once the records are retrieved from the provider, MediConnect will perform a record review to capture diagnosis data from the record for submission to CMS as part of WellPoint's risk adjustment data submissions.

This review is referred to as the retrospective medical record review.

Question: **Why is MediConnect assisting in performing the retrospective medical record review?**

Answer: CMS *requires* Medicare Advantage health plans to submit all ICD9 codes for all Medicare Advantage members in order to ensure adequate and accurate risk adjusted payment to the Medicare Advantage health plan. While WellPoint collects all submittable ICD 9 codes from available encounter data (e.g. claim files and encounter files), WellPoint also collects ICD9 codes from medical record documentation in order to ensure that it is meeting its CMS obligations concerning the submission of *all* member diagnosis data.

In addition, CMS requires that medical record documentation support the ICD9 code selected and substantiate that proper coding guidelines were followed. Therefore, the retrospective medical record review will ensure that ICD9 codes have been reported by the provider correctly.

Question: **Is the retrospective medical record review an audit?**

Answer: No, this is not an audit. This is an oversight activity related to the collection and reporting of member diagnosis data which must be supported by medical record documentation as required by CMS.

Question: **Does the retrospective medical record review process apply to all medical records?**

Answer: No, under the CMS-HCC model of payment, Medicare Advantage health plans may only submit diagnosis data that is obtained from physicians and IP or OP hospital visits or encounters. This means that we will be collecting records from physicians and hospitals only.

MediConnect is assisting WellPoint in collecting medical records from **all** physicians and select hospitals. WellPoint is using another vendor, CV Infosys, to assist in collecting record summaries from all other hospitals.

Question: **Is WellPoint asking for medical records for all dates of service?**

Answer: No. We are asking that providers supply medical records having a date of service of January 1, 2010 to current date.

Question: **Are we collecting medical records for all Medicare Advantage members?**

Answer: No. WellPoint will be targeting Medicare Advantage members who are flagged using an algorithm that has been developed based on claims and pharmacy data. The flagged member names will be compiled into a chase list that will be supplied to MediConnect to initiate the retrieval process.

Question: **What is the provider notification process?**

Answer: Beginning on May 16, 2011, MediConnect will initiate the record retrieval process. The process begins with telephonic outreach to the provider which is followed by a written request. The written request addresses the role of MediConnect, the purpose of the medical record retrieval request, the action being requested (i.e. submission of the entire medical record), the name of the member and the dates of service being requested. A sample of the provider record request letter is attached at the end of this document.

Question: **When does the provider need to submit the requested medical records?**

Answer: The provider should supply the medical records within 2 weeks following receipt of the request.

Question: **What should the provider do if the information being requested does not appear in the medical record (e.g., the provider did not actually see the patient during the requested date(s) of service)?**

Answer: The provider should return the request to MediConnect with an explanation that no information relative to the request appears on the patient's medical record.

Question: **How does the provider submit a medical record? Are there different submission options?**

Answer: The medical record(s) may be returned to MediConnect using the following methods:

1. Secure Fax: 800-391-1807
2. Mail: Prepaid Postage
3. EMR Integration
 - a. Remote access to Provider's EMR system by MediConnect
 - b. Print to file and (1) electronic upload or (2) save to encrypted CD, DVD or thumb drive
 - c. Implement secure FTP with Provider
4. Secure FTP Transfer
5. Provider Portal Upload
 - a. www.submitrecords.com/
 - b. Password: secure62
 - c. Click select and select records to upload from provider's Windows Explorer.
 - d. Records (PDF or TIF) can be uploaded individually or in batch.
6. Onsite Scanning

Question: **Once the medical record is submitted to MediConnect, what happens?**

Answer: Upon receipt of the medical record, it will be imaged and uploaded into MediConnect's web-based medical record management system. A MediConnect coder will review the medical record and the medical conditions reported on the record will be assigned a diagnosis code in the web-based medical record management system. Diagnoses codes identified in the record will be extracted into a file and provided to WellPoint.

Question: **What happens with the ICD9 codes collected from the medical records?**

Answer: MediConnect will provide to WellPoint a file of all ICD9 codes extracted from the medical record. This information will then be submitted to CMS through the CMS risk adjustment data processing system. This system is designed for the submission of member diagnosis data collected from all Medicare Advantage health plans.

Question: **Is the provider required to comply with the request for medical records?**

Answer: Yes. CMS requires that the MA health plan submit to CMS all acceptable diagnosis codes for a Medicare Advantage member. The medical record is used for purposes of extracting ICD9 codes that were not reported on the member's claim or encounter file. In addition, CMS requires that medical record documentation support the ICD9 code selected and substantiate that proper coding guidelines were followed. Therefore, the review process will help ensure that the ICD9 codes have been reported accurately.

Also, in accordance with the language in the provider agreement/terms and conditions of payment, ***all providers*** are required to comply with WLP's request for medical records to facilitate WellPoint's review of risk adjustment data.

Question: **Does the provider need a HIPAA authorization or release in order to supply the medical records?**

Answer: No. The HIPAA Privacy Rule allows for the disclosure of protected health information without a HIPAA authorization form or release of information when such information is being disclosed for payment, treatment and health care operations (45 CFR 164.506). The release of medical records for purpose of the Medicare Advantage health plan extracting diagnosis data to be submitted to CMS for risk adjustment purposes is considered a health care operation activity.

Question: **Will the provider be reimbursed for supplying the medical records?**

Answer: No, the provider will not be paid for producing the record. CMS requires that MA health plans support their member diagnosis data with medical record documentation. This requirement, as well as the provider agreement/terms and conditions of payment, mandate that ***all providers*** comply with WellPoint's request for medical records to facilitate WellPoint's review of risk adjustment data.

Question: **Who can I contact if I have questions?**

Answer: Matt Cogdill, Manager of Retrospective Risk Adjustment Programs
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Question: **What is the timeline for the medical record retrieval process?**

Answer: See below.

MediConnect Record Retrieval Timeline

5/16/2011 - 12/31/2011

MediConnect begins to request records starting 5/16/11 and continues requesting or pursuing records through 12/31/11. Providers mail, fax or upload records to MediConnect throughout this period.

As records are received, records are imaged and uploaded into record management system. Diagnosis codes are extracted from record and populated into data file. Produces data file 2 x month for submission to CMS.

Note: 5/16/2011 is a tentative begin date

